

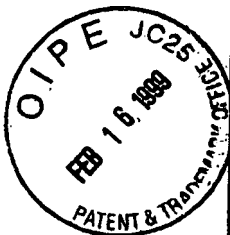
DAC \$ (15.5)

PTO/SB/61 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

Docket Number (Optional)

First named inventor: KAREN L. HUFF

Group Art Unit: 1751

Application Number: 08/910,548

Examiner: LORNA DOUYON

Filed: DECEMBER 26, 1995

Title: THROUGH THE WASHER DRYER POUCH TYPE DETERGENT BAG AND METHOD OF USE

Attention: Office of Petitions
Assistant Commissioner for Patents
Box DAC
Washington, D.C. 20231

RECEIVED
FEB 24 1999
OFFICE OF PETITIONS
DEPUTY A/C PATENTS

NOTE: If information or assistance is needed in completing this form, please contact Petitions
Information at (703)305-9282.

The above-identified application became abandoned for failure to file a timely and proper response to the Office action mailed on 5/21/98, which set a 3 month/day period for response. The abandonment date of this application is 11/25/98 (i.e., the day after the expiration date of the period set for response plus any extensions of time obtained therefor).

APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Proposed response and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee -- required for all utility and plant applications filed before June 8, 1995, and for all design applications; and
- (4) Adequate showing of the cause of unavoidable delay

1. Petition fee

02/18/1999 DUONG 00000093 08910548

☒ small entity - fee \$ 55.00 (37 CFR 1.17(l))

01 FC:240

55.00 00

☐ small entity statement enclosed herewith.

☒ small entity statement previously filed.

☐ other than small entity - fee \$ _____ (37 CFR 1.17(l)).

02/23/1999 DUONG1 00000002 08910548

2. Proposed response and/or fee

01 FC:242

660.00 00

A. The proposed response to the above-noted Office action

☒ in the form of ISSUE FEE TRANSMITTAL (identify the type of response):
was previously filed on August 21, 1998

☐ is enclosed herewith.

B. The issue fee of \$ 660.00

☒ was previously paid on August 21, 1998-Returned for insufficient funds

☒ is enclosed herewith.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 1.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

3. Terminal disclaimer with disclaimer fee

- ☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.
- ☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$_____ for a small entity or \$_____ for other than a small entity) equivalent to the number of months from abandonment to the filing of this petition is enclosed herewith.

- 4. An adequate showing of the cause of the delay, and that the entire delay in filing the required reply from the due date for the reply until the filing of a grantable petition under 37 CFR 1.137(a) was unavoidable, is enclosed.**

2-11-1999
Date

[Signature]
Signature

Telephone
Number: (619) 464-1089

KAREN L. HUFF
Typed or printed name

8215 ORCHARD AVE., #6
Address

LA MESA, CA 91941

- Enclosures: ☒ Additional sheets containing statements establishing unavoidable delay
- ☒ Fee Payment
- ☐ Response
- ☐ Terminal Disclaimer Form
- ☐ Small Entity Status Form
- ☒ COPY OF DEATH CERTIFICATE AND BILL FROM FUNERAL HOME

By completing the Certificate of Mailing, below, the date mailed will be considered the date this correspondence is filed.

CERTIFICATE OF MAILING [37 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box DAC, Washington, D.C. 20231.

2-11-1999
Date

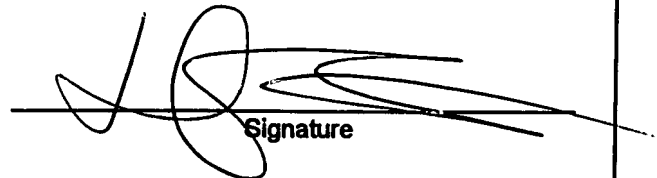
[Signature]
Signature

KAREN L. HUFF
Typed or printed name of person signing Certificate

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED UNAVOIDABLY UNDER
37 CFR 1.137(a)**

NOTE: The following showing of the cause of unavoidable delay must be signed by all applicants and by any other party who is presenting statements concerning the cause of delay.

2-11-1999
Date


Signature

KAREN L. HUFF

Typed or printed name

(In the space provided below, please explain in detail the reasons for the delay in filing a proper response)
The prosecution of my patent application has been a nightmare since the patent office lost my patent application. Hopefully this petition will straighten things out.

My check for the patent issue fee was not good due to the death of my mother Khadisah Bey. Please note the death certificate lists me as informant. The funeral arrangements and financial obligations relating to the services, i.e., the service contract was also signed by me; making me totally responsible for the expenses relating to the funeral. My mother resided at 321 S. Larch St., Pine Bluff, AR 71601. Since I live in San Diego, I had to fly to Pine Bluff to make funeral arrangements and absorb the cost of my air fare to and from Arkansas, hotel accommodations rental car, and food. But the biggest expense was the cost of the funeral.

I was forced to spend an estimated \$3,900.00 related to the death. Since my portion of the funeral expenses well exceeded the \$660.00 dollar issue fee due, I had saved and budgeted for, I had no choice but to spend all the funds in my checking account and savings accounts to pay such expenses. Note such expenses occurred in July 1998, less than a month prior to my patent issue fee date. This left me in debt for the rest of 1998. As a result, I had insufficient funds left in my checking account to pay the check issued to the patent office.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2-11-1999
Date


KAREN L. HUFF

BROWN FUNERAL HOME
2704 Commerce Circle, Pine Bluff, AR 71601
(870)534-3210

DATE July 16, 1998

SERVICE NO. P0525MK

DECEASED NAME KHADISAH BEY

DATE OF DEATH July 15, 1998

PLACE OF DEATH PINE BLUFF, AR

Charges are only those items that you selected or that are required. If we are required by law or by a cemetery or a crematory to use any items we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED, AGREEMENT & PROMISSORY NOTE

A. CHARGE FOR SERVICES:

1. Professional Services

Funeral Director & Staff \$ 200.00
Embalming \$ _____
Other preparation of body \$ 85.00
Dressing \$ _____
\$ 285.00

2. Facilities and Related Staff Charges

Facilities for viewing \$ _____
Equ. & Staff for chur. Serv \$ 125.00
Facilities for funeral \$ _____
Facilities for memorial \$ _____
Facilities for wake \$ _____
\$ 125.00

3. Automotive Equipment

Transfer of Remains \$ 100.00
Hearse \$ 135.00
Limousine \$ _____
Flower car \$ _____
Pallbearers car \$ _____
Out of town charge \$ _____
Extra limousine \$ _____
\$ 235.00

B. CHARGE FOR MERCHANDISE:

Casket \$ 850.00
MISTY ROSE 20g SEALER Q88
Outer Container \$ _____
GRAVE MARKER \$ 20.00
BODY BAG \$ 50.00
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ 920.00

C. SPECIAL CHARGES:

Forwarding of remains to \$ _____
Receiving of remains from \$ _____
Immediate Burial \$ _____
Direct Cremation \$ _____
\$ _____

D. CASH ADVANCES:

Family Flower \$ 85.00
Death Certificate \$ 5.00
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

We charge you for our services in obtaining: NONE

\$ 90.00

SUMMARY OF CHARGES:

A. CHARGES FOR SERVICES \$ 645.00
B. CHARGES FOR MERCHANDISE \$ 920.00
C. SPECIAL CHARGES \$ _____
D. CASH ADVANCES \$ 90.00
E. SALES TAX, IF APPLICABLE \$ 66.58
TOTAL FUNERAL HOME CHARGES \$ 1721.58

LESS CREDIT AND PREPAYMENTS:

LESS SERVICE DISCOUNTS \$ _____
LESS LIFE INSURANCE \$ _____
LESS V.A. BENEFIT \$ _____
LESS AMOUNT PAID \$ _____
TOTAL CREDIT \$ _____

BALANCE DUE \$ 1721.58

The only warranty on the casket and/or outer burial container sold in connection with this service is the express written warranty, if any, granted by the manufacturer. This funeral home makes no warranty, express or implied, with respect to the casket and/or outer burial container.

If any law, cemetery or crematory requirements have required the purchase of any of the items listed above the law or requirement is explained below.

NONE

Reason for embalming NONE

Billing To KAREN HUFF

8215 ORCHARD AVE

LA MESA, CA 91941

I hereby agree that I have examined the above stated items and found them to be correct and according to the arrangements requested and I hereby acknowledge receipt of a copy of this memorandum and agreement. I hereby represent that I have sufficient funds and assets legally available for payment of cash price and hereby agree and covenant jointly and severally to make payments of \$ 1721.58 within 0 days. A late charge of 0.83% per month amounting to 10.00% per year is applied to the unpaid balance beginning 0 days from the date of this agreement. Any additional services or merchandise ordered or requested after the date of this agreement will be considered part of this agreement and the cost thereof will be reflected on the final statement. I acknowledge that I have received the general price list and have been offered for review the casket price list and the outer burial container price list.

Signed _____ Dated _____

Relationship to Deceased _____

Co-signer _____ Date 7/23/98
Name of funeral home representative _____

Relationship to Deceased _____
Initials _____

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

1. DECEDENT'S NAME (Last, first, middle initial) Kathleen Rev		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) Found July 15, 1998	
4. SOCIAL SECURITY NUMBER 432-72-5981		5. AGE (Last birthday) 61		6. DATE OF BIRTH (Month, Day, Year) October 14, 1936	
7. PLACE OF BIRTH (City, County, State) Wabbaseka, Arkansas		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If death occurred in a hospital or nursing home) 321 South Larch Street		10. CITY, TOWN OR LOCATION OF DEATH Pine Bluff		11. COUNTY OF DEATH Jefferson	
12. MARITAL STATUS (If decedent was married, give maiden name) Widowed		13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use initials) Homemaker		14. KIND OF BUSINESS INDUSTRY Own home	
15. RESIDENCE - STATE Arkansas		16. COUNTY Jefferson		17. CITY, TOWN OR LOCATION Pine Bluff	
18. STREET AND NUMBER 321 South Larch Street		19. ZIP CODE 71601			
20. FATHER'S NAME (First, middle, last) Jack McKee		21. MOTHER'S NAME (First, middle, last) Donella Hudson			
22. INFORMANT'S NAME (If informant is not decedent) Karen Huff		23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 8215 Orchard Ave., La Mesa, CA 91941			
24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)					
25. DATE OF DISPOSITION (Month, Day, Year) July 23, 1998					
26. PLACE OF DISPOSITION (City, County, State, ZIP Code) Forest Lawn Cemetery Pine Bluff, AR 71602					
27. SIGNATURE OF EMBALMER <i>[Signature]</i>		28. LICENSE NUMBER 498		29. NAME AND ADDRESS OF FUNERAL HOME Brown Funeral Home 2704 Commerce Circle, Pine Bluff	
30. PART I. Cause and manner of death: In completed form, do not leave any space blank. Do not use the words "cardiac" or "respiratory" unless they are the cause of death. Do not use "natural" unless it is the cause of death.					
IMMEDIATE CAUSE (First disease or condition resulting in death) Pending					
SEQUENTIALLY LIST CONDITIONS (If any, leading to immediate cause) (Disease or injury that initiated events resulting in death) LAST					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause, given in Part I.					
31. MANNER OF DEATH 98-556		32. DATE OF INJURY (Month, Day, Year) July 15, 1998		33. TIME OF INJURY Unknown	
34. DATE OF DEATH (Month, Day, Year) July 15, 1998		35. TIME OF DEATH Unknown		36. DATE SIGNED (Month, Day, Year) Jul 20, 1998	
37. MEDICAL EXAMINER (If the basis of examination and/or investigation, in my opinion, death occurred at the time and place and due to the cause(s) and manner as stated) Isivan F. Szentmaray, M.D.		38. DATE SIGNED (Month, Day, Year) Jul 20, 1998		39. DATE SIGNED (Month, Day, Year) Jul 20, 1998	
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/print) Isivan F. Szentmaray, M.D. 3 Natural Resources Dr. Little Rock Arkansas 72215		41. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
42. REGISTRAR'S NAME William G. Adams		43. DATE SIGNED (Month, Day, Year) Jul 20, 1998			

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

William G. Adams
State Registrar

A REPRODUCTION OF THIS DOCUMENT RENDERING IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

0597367

VR-113